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No. 11

Montana State Board of Health

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HELENA, MONTANA

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TAKE CARE OF THE BABIES EYES.

A few weeks ago a prominent physician said to me, "I think it would be a good idea if you would take up the subject of ophthalmia neonatorum in one of your Bulletins. I know that I have at times been careless about protecting the babies' eyes and judging others by myself, I presume that they are equally negligent." In complying with this suggestion I will simply give a few quotations from the report of the New York State Commission for the Investigation of the Condition of the Blind. Under the title "Prevention of Blindness" we find that one-third of the cases of blindness are absolutely preventable.

The report then deals with various preventable causes of blindness, but at this time we will deal with only one of these causes, namely, Ophthalmia (Inflammation of the eye) of the new born.

"The most important of the causes of blindness with which we have to do, however, is that resulting from an infection of the eyes of the child at birth. Important, first, because it is the most common local cause of blindness; second, because it affects the young child and a long lifetime of blindness may follow; and, third, because it is preventable and curable in practically every case receiving proper care. So widespread is blindness resulting from it that Magnus, who has made careful statistical studies concerning it, says that out of 2,528 cases of all ages of complete blindness in Germany 1088-100 percent were due to this cause."

"In the New York State School for the blind, 39 of 150 pupils, or 26 percent, have lost their eyes from ophthalmia neonatorum, which is a rather smaller proportion than that found in institutions elsewhere. In the State of New York, more than 600 now hopelessly blind from this cause might have been spared this calamity had simple prophylactic measures been employed at the day of their birth; while in the United States there are between 6,000 and 7,000 people who have been blinded by this disease."

This report is recognized as authentic, we have never seen an article in which the facts presented in this report are questioned, and yet we are told that there are between 6,000 and 7,000 blind people in the United States today who are blind because of

negligence. Why is this great suffering not prevented? In answer we again quote:—

"The reasons are threefold, and lie, first, with the medical profession; second with the lay public; third, with the State. The medical profession, great as have been its advances during recent years, and strenuous as have been the efforts of its teachers and leaders to promulgate the fundamental importance of germs in disease, is by no means yet universally familiar with the facts concerning infantile ophthalmia, as to its prevalence, its dangers, its prevention and the measures that may be successfully instituted for its treatment. While the total number of cases is large, the disease may occur very rarely in the experience of any individual physician, even though he may have had an extensive general practice. When it does occur, unless the physician is fully informed, he does not anticipate it and is unprepared to meet it. He thinks in many cases—if his attention is called to the baby's eyes, as indeed it may not be at all—that the redness and watering are caused by a trifling catarrhal conjunctivitis, and prescribes some simple celyrium or external wash for the lids. He may not see the child again for a week, when perhaps the disease is fully established, the cornea broken down and irreparable damage done; or, as sometimes happens, he does not know of the special value of the silver salts, or fears to employ them because of their possible danger to the delicate eye of the child, and prevention is omitted and correct treatment neglected. It has been shown that the large proportion of cases of blindness resulting from infantile ophthalmia occurs in the more remote country districts, where the parturient patient is infrequently seen, and where preventive measures are most imperative. It may not seem possible to the progressive up-to-date practitioner that many physicians are not familiar with this common disease, but the large number of cases of infantile ophthalmia that are constantly occurring, with the clinical histories accompanying them, together with the immense number of blind eyes as a direct sequence, prove beyond question that this is a fact."

"The second reason for this apparent indifference lies with the lay public. The young mother has no conception of the danger which inflammation of the eyes means to her baby. She has probably never heard that such a condition can threaten an infant's eyes. It is but one of the many new problems which maternity has for her, and only when the truth is told to her

that the child, in whom all her hopes had been centered, is hopelessly, irrevocably blind, does she begin to realize the extent of this frightful affliction."

In the report from which we quote, the third reason is attributed to the State, and yet the report goes on as follows:

"The part which the midwife plays in the tragedy of infantile blindness is often a leading one. An illuminating article on the subject by F. Elizabeth Crowell, a graduate nurse, appears, in the issue of the 'Charities and the Commons' for January 12, 1907. After making a careful examination of the conditions as they exist in New York City, she reports that last year the demand for a midwife's attention was voiced by 43,934 mothers in Greater New York. In other words, 42 percent of the total number of births reported for 1905 were attended by midwives. I have seen and interview 500 of them, and I give here a few significant facts regarding their professional equipment or lack equipment, and their methods of practice;"

"The homes of these midwives are to be compared with the homes of the women upon whom they attend, the average three-room tenement, clean or dirty, according to the personal habits of the woman who occupies it. Of the midwives' homes, 106 were absolutely filthy, as was the clothing and the person of the midwife herself. Of the remaining 394, I should say one-third might be designated as excellent, the other two-thirds fair. Practically all of them claimed that they used antiseptics, which meant very little if the midwife was dirty, her bag filthy, and if she appeared generally ignorant and incompetent. There is a chance that antiseptics in the hands of such women may work an infinite deal of harm, for we have no guarantee that they will be properly used. As for the bags and their equipment, from a professional standpoint by far the greater number would make fit decorations for a chamber of horrors. Rusty scissors, dirty strings, a bit of cotton, a few corrosive sublimate tablets, old rags and papers, some ergot and vaseline, a gum catheter wired, were the usual contents. Out of 303 bags inspected, 34 only were marked as first class; that is, they were clean and their equipment was complete and sterile."

To my mind, the principal cause of blindness resulting from ophthalmia neonatorum is the careless physician and the ignorant, filthy midwife. In the face of these facts, do the people of Montana want the standard of the medical profession reduced?

It seems to me that instead of permitting any one to practice without a thorough examination it would be better to provide for repeated examinations of those already admitted to practice. In the face of these very facts, the last legislature killed a bill providing for the regulation of the practice of midwifery in the State. Did they presume that the average midwife in Montana was any cleaner or more intelligent than the average midwife in New York. There is no ground for any such presumption, but the work must go on, and as a result of this kind of work there will be plenty of work for the school for the deaf and blind in our State.

COMMUNICABLE DISEASES REPORTED FOR THE
MONTH OF APRIL, 1909.

SMALLPOX—Cases of Smallpox were reported as follows: Cascade 1 (in Great Falls); Dawson 12; Deer Lodge 3 (all in Anaconda); Flathead 2; Gallatin 1; Missoula 1 (in Missoula); Park 8 (7 in Livingston); Ravalli 3; Silver Bow 34 (14 in Butte); total 65; total last month 55; total last April 64.

DIPHTHERIA—Cases of Diphtheria were reported as follows: Carbon 1; Cascade 11 (10 in Great Falls); Chouteau 1; Dawson 2; Deer Lodge 2 (both in Anaconda); Fergus 6; Flathead 2 (1 in Kalispell); Gallatin 2 (1 in Bozeman); Lewis and Clark 11 (all in Helena); Missoula 3 (1 in Missoula City); Park 1 (in Livingston); Powell 5; Ravalli 1; Silver Bow 16 (13 in Butte); Teton 5; Yellowstone 3 (1 in Billings); total 72; total last month 92; total last April 95.

SCARLATINA—Cases of Scarlet Fever were reported as follows: Beaverhead 4; Broadwater 1; Carbon 1; Cascade 62 (39 in Great Falls); Chouteau 2; Deer Lodge 18 (16 in Anaconda); Fergus 1; Flathead 5 (1 in Kalispell); Gallatin 20 (11 in Bozeman); Jefferson 1; Lewis and Clark 15 (13 in Helena); Madison 16; Meagher 3; Missoula 7 (5 in Missoula City); Park 1 (in Livingston); Powell 3; Ravalli 14; Sanders 3; Silver Bow 33 (27 in Butte); Teton 3; Yellowstone 11 (10 in Billings); total 224; total last month 252; total last April 99.

MEASLES—Cases of Measles were reported as follows: Carbon 29; Cascade 2 (both in Great Falls); Chouteau 1; Dawson 12; Deer Lodge 7 (all in Anaconda); Fergus 33; Flathead 2; Gallatin 4; Jefferson 1; Madison 4; Park 83 (all in Livingston); Sanders 2; Silver Bow 1; (in Butte); Yellowstone 32 (26 in Billings); total 214; total last month 220; total last April 79.

TYPHOID FEVER—Cases of Typhoid Fever were reported as follows: Dawson 1; Flathead 1; Silver Bow 1 (in Butte); total 3; total last month 12; total last April 9.

MORTALITY

Deaths Reported to the State Board of Health for the Month of April, 1909, Arranged According to Counties,

All other Causes..	11	37	5	5	23	10	14	11	157	352
Alcoholism.....	2	16	3	3	2	13	2	6	15	55
Suicide.....	1	1	1	1	1	1	1	1	1	1
Violence.....	3	1	3	1	1	3	1	1	1	1
Acute Intestinal Diseases.....	1	1	1	1	1	1	1	1	1	1
Malignant Tumors										
Organic Heart Disease.....	1	1	1	1	1	1	1	1	1	1
Nephritis.....	1	1	1	1	1	1	1	1	1	1
Pneumonia.....	6	4	3	4	1	3	2	1	16	15
Whooping-Cough.										
Meningitis.....	1	1	1	1	1	1	1	1	1	1
Typhoid Fever.....	1	1	1	1	1	1	1	1	1	1
Scarlet Fever.....	2	1	1	1	1	1	1	1	1	1
Diphtheria.....	3	4	2	2	2	2	2	2	16	15
Tuberculosis.....	2	2	2	2	2	2	2	2	16	15
Smallpox.....	1	1	1	1	1	1	1	1	1	1
Totals.....	14	11	17	1	4	9	51	10	15	9

Deaths per 100,000, 125.7
Annual Death rate per 1,000; 15.08

Deaths from principle causes in cities of 5,000 or more inhabitants

BIRTHS

Births Reported to the State Board of Health for April, 1909
and comparative birth and death rate in State.

	Excess of Deaths		Excess of Births		
	Deaths		Births		
	Totals		Deaths		
	Females	Males	Females	Males	
Beaverhead.....	5	8	13	1	12
Broadwater.....		2	2		2
Carbon.....	15	13	28	11	17
Cascade.....	23	18	41	37	4
Choteau.....	2	13	15	15	
Custer.....	8	7	15	5	10
Dawson.....	12	7	19	5	14
Deer Lodge.....	10	8	18	23	5
Fergus.....	6	12	18	10	8
Flathead.....	15	12	27	16	11
Gallatin.....	13	15	28	15	13
Granite.....	4	4	8	8	
Jefferson.....	5	3	8	4	4
Lewis and Clark.....	20	18	38	29	9
Madison.....	3	10	13	13	
	Females		Totals.....		
	Males		272		273
	Excess of Deaths		545		352
	Excess of Births		193		
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Births in Cities of 5,000 or more inhabitants.

Anaconda.....	10	8	18	18	Great Falls.....	16	12	28	29	1	
Billings.....	9	12	21	8	13	.....	Helena.....	17	16	33	27	6	....
Bozeman.....	7	9	16	8	8	.....	Kalispell.....	5	9	14	13	1	....
Butte.....	45	34	79	64	15	.....	Livingston.....	11	4	15	4	11	....
							Missoula.....	8	13	21	17	4	....